

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155003		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/09/2011	
NAME OF PROVIDER OR SUPPLIER  MASON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DR WARSAW, IN46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/09/11</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mason Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 halls and the center hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0070 SS=D	<p>determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors and all the resident rooms on the 400 wing. The facility has a capacity of 110 and had a census of 87 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/13/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation and interview, the facility failed to have a policy for the use of 1 of 1 portable space heaters in the facility in accordance with NFPA 101, Section 19.7.8. This</p>			K0070	<p>This Plan of Correction is prepared and executed because it is required by the provisions of State and Federal Law, and not because Mason Health Care agrees with the allegations contained there-in. Mason Health Care maintains that each</p>		09/30/2011

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K0000	<p>deficient practice is not in a resident care area but could affect any staff in the MDS office.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 09/09/11 at 12:56 p.m., there was a space heater in the MDS office located on the 300 hall. The space heater was plugged in but not use at this time. Based on an interview with the Maintenance Supervisor at the time of observation, the facility does not have a policy regarding space heaters.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State</p>			K0000	<p>deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capability to render adequate care. Please let this POC response serve as the facilities Credible Allegation of Compliance 9/30/11. The facility has adopted a policy for the use of portable space heaters in the facility. The space heater identified has been reviewed by the Maintenance Supervisor to ensure it is compliant with the facility portable space heater policy. In addition, the Maintenance Supervisor has assessed the facility to ensure all portable space heaters, if any, are in compliance with the adopted policy. The Maintenance Supervisor will conduct a review of portable space heaters every 6 months to ensure continued compliance. Results of the review will be reported to the Quality Assurance Committee.</p>		

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	<p>Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/09/11</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mason Health Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The 2004 addition of the 400 Hall and the Therapy room was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open</p>						

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	to the corridors and all the resident rooms on the 400 wing. The facility has a capacity of 110 and had a census of 87 at the time of this survey.						